

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the First Amended
Accusation Against:**

ANTOINE A. HANNA, M.D.

**Physician's and Surgeon's
Certificate No. A 43969**

Respondent

Case No. 800-2014-005106

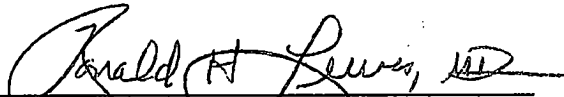
DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 18, 2018.

IT IS SO ORDERED: September 18, 2018.

MEDICAL BOARD OF CALIFORNIA



**Ronald H. Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CLAUDIA RAMIREZ
Deputy Attorney General
4 State Bar No. 205340
California Department of Justice
5 300 South Spring Street, Suite 1702
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6 Telephone: (213) 269-6482
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7 *Attorneys for Complainant*

8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the First Amended Accusation
12 Against:

13 ANTOINE A. HANNA, M.D.
1700 North Rose Avenue, #230
14 Oxnard, CA 93030

15 Physician's and Surgeon's Certificate
No. A 43969,

16 Respondent.

Case No. 800-2014-005106

OAH No. 2017070639

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 PARTIES

21 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
22 Board of California ("Board"). She brought this action solely in her official capacity and is
23 represented in this matter by Xavier Becerra, Attorney General of the State of California, by
24 Claudia Ramirez, Deputy Attorney General.

25 2. Respondent Antoine A. Hanna, M.D. ("Respondent") is represented in this
26 proceeding by attorney Peter R. Osinoff, Esq., whose address is: 355 South Grand Avenue, Suite
27 1750, Los Angeles, California 90071.

28 3. On or about August 31, 1987, the Board issued Physician's and Surgeon's Certificate

1 No. A 43969 to Respondent. That Certificate was in full force and effect at all times relevant to
2 the charges brought in First Amended Accusation No. 800-2014-005106, and will expire on
3 February 28, 2019, unless renewed.

4 JURISDICTION

5 4. First Amended Accusation No. 800-2014-005106 was filed before the Board, and is
6 currently pending against Respondent. The First Amended Accusation and all other statutorily
7 required documents were properly served on Respondent on December 7, 2017. Respondent
8 timely filed his Notice of Defense contesting the First Amended Accusation.

9 5. A copy of First Amended Accusation No. 800-2014-005106 is attached as exhibit A
10 and incorporated herein by reference.

11 ADVISEMENT AND WAIVERS

12 6. Respondent has carefully read, fully discussed with counsel, and understands the
13 charges and allegations in First Amended Accusation No. 800-2014-005106. Respondent has
14 also carefully read, fully discussed with counsel, and understands the effects of this Stipulated
15 Settlement and Disciplinary Order.

16 7. Respondent is fully aware of his legal rights in this matter, including the right to a
17 hearing on the charges and allegations in the First Amended Accusation; the right to confront and
18 cross-examine the witnesses against him; the right to present evidence and to testify on his own
19 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the
20 production of documents; the right to reconsideration and court review of an adverse decision;
21 and all other rights accorded by the California Administrative Procedure Act and other applicable
22 laws.

23 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
24 every right set forth above.

25 CULPABILITY

26 9. Respondent understands and agrees that the charges and allegations in First Amended
27 Accusation No. 800-2014-005106, if proven at a hearing, constitute cause for imposing discipline
28 upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in First Amended Accusation No. 800-2014-005106 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following

Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 43969 issued to Respondent Antoine A. Hanna, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 20 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 45 hours of CME of which 20 hours were in satisfaction of this condition.

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its
4 designee not later than 15 calendar days after successfully completing the course, or not later than
5 15 calendar days after the effective date of the Decision, whichever is later.

6 3. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
7 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
8 Chief Executive Officer at every hospital where privileges or membership are extended to
9 Respondent, at any other facility where Respondent engages in the practice of medicine,
10 including all physician and locum tenens registries or other similar agencies, and to the Chief
11 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
12 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
13 calendar days.

14 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

15 4. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
16 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
17 advanced practice nurses.

18 5. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
19 governing the practice of medicine in California and remain in full compliance with any court
20 ordered criminal probation, payments, and other orders.

21 6. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
22 under penalty of perjury on forms provided by the Board, stating whether there has been
23 compliance with all the conditions of probation.

24 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
25 of the preceding quarter.

26 7. GENERAL PROBATION REQUIREMENTS.

27 Compliance with Probation Unit

28 Respondent shall comply with the Board's probation unit.

1 Address Changes

2 Respondent shall, at all times, keep the Board informed of Respondent's business and
3 residence addresses, email address (if available), and telephone number. Changes of such
4 addresses shall be immediately communicated in writing to the Board or its designee. Under no
5 circumstances shall a post office box serve as an address of record, except as allowed by Business
6 and Professions Code section 2021(b).

7 Place of Practice

8 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
9 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
10 facility.

11 License Renewal

12 Respondent shall maintain a current and renewed California physician's and surgeon's
13 license.

14 Travel or Residence Outside California

15 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
16 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
17 (30) calendar days.

18 In the event Respondent should leave the State of California to reside or to practice,
19 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
20 departure and return.

21 8. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
22 available in person upon request for interviews either at Respondent's place of business or at the
23 probation unit office, with or without prior notice throughout the term of probation.

24 9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
25 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
26 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
27 defined as any period of time Respondent is not practicing medicine as defined in Business and
28 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct

1 patient care, clinical activity or teaching, or other activity as approved by the Board. If
2 Respondent resides in California and is considered to be in non-practice, Respondent shall
3 comply with all terms and conditions of probation. All time spent in an intensive training
4 program which has been approved by the Board or its designee shall not be considered non-
5 practice and does not relieve Respondent from complying with all the terms and conditions of
6 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
7 on probation with the medical licensing authority of that state or jurisdiction shall not be
8 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
9 period of non-practice.

10 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
11 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
12 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
13 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
14 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

15 Respondent's period of non-practice while on probation shall not exceed two (2) years.

16 Periods of non-practice will not apply to the reduction of the probationary term.

17 Periods of non-practice for a Respondent residing outside of California will relieve
18 Respondent of the responsibility to comply with the probationary terms and conditions with the
19 exception of this condition and the following terms and conditions of probation: Obey All Laws;
20 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
21 Controlled Substances; and Biological Fluid Testing.

22 10. COMPLETION OF PROBATION. Respondent shall comply with all financial
23 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
24 completion of probation. Upon successful completion of probation, Respondent's certificate shall
25 be fully restored.

26 11. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
27 of probation is a violation of probation. If Respondent violates probation in any respect, the
28 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and

1 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
2 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
3 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
4 be extended until the matter is final.

5 12. LICENSE SURRENDER. Following the effective date of this Decision, if
6 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
7 the terms and conditions of probation, Respondent may request to surrender his or her license.
8 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
9 determining whether or not to grant the request, or to take any other action deemed appropriate
10 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
11 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
12 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
13 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
14 application shall be treated as a petition for reinstatement of a revoked certificate.

15 13. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
16 with probation monitoring each and every year of probation, as designated by the Board, which
17 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
18 California and delivered to the Board or its designee no later than January 31 of each calendar
19 year.

20 ACCEPTANCE

21 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
22 discussed it with my attorney, Peter R. Osinoff, Esq. I understand the stipulation and the effect it
23 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
24 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the

25 ///

26 ///

27 ///

28 ///

1 Decision and Order of the Medical Board of California.

2
3
4
5 DATED: July 9, 2018.

A. Hanna
6 ANTOINE A. HANNA, M.D.
7 Respondent

8 I have read and fully discussed with Respondent Antoine A. Hanna, M.D. the terms and
9 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
10 I approve its form and content.

11
12
13
14 DATED: 7/9/18

P. Osinoff
15 PETER R. OSINOFF, ESQ.
16 Attorney for Respondent

17 ENDORSEMENT

18 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
19 submitted for consideration by the Medical Board of California.

20 Dated: 7/19/18

Respectfully submitted,

21 XAVIER BECERRA
22 Attorney General of California
23 E. A. JONES III
24 Supervising Deputy Attorney General

C. Ramirez
25 CLAUDIA RAMIREZ
26 Deputy Attorney General
27 Attorneys for Complainant

28 LA2017505253
52969652

Exhibit A

First Amended Accusation No. 800-2014-005106

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 7 20 17
BY K. [Signature] ANALYST

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
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7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the First Amended Accusation
12 Against:

Case No. 800-2014-005106

FIRST AMENDED ACCUSATION

13 ANTOINE A. HANNA, M.D.
1700 North Rose Avenue, #230
14 Oxnard, California 93030

15 Physician's and Surgeon's Certificate
No. A 43969,

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer ("Complainant") brings this First Amended Accusation solely
21 in her official capacity as the Executive Director of the Medical Board of California, Department
22 of Consumer Affairs ("Board").

23 2. On or about August 31, 1987, the Board issued Physician's and Surgeon's Certificate
24 Number A 43969 to Antoine A. Hanna, M.D. ("Respondent"). That Certificate was in full force
25 and effect at all times relevant to the charges brought herein and will expire on February 28, 2019,
26 unless renewed.

27 **JURISDICTION**

28 3. This First Amended Accusation is brought before the Board, under the authority of

1 the following laws. All section references are to the Business and Professions Code unless
2 otherwise indicated.

3 4. Section 2227 of the Code provides that a licensee who is found guilty under the
4 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
5 one year, placed on probation and required to pay the costs of probation monitoring, or such other
6 action taken in relation to discipline as the Board deems proper.

7 5. Section 2234 of the Code states:

8 "The board shall take action against any licensee who is charged with unprofessional
9 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
10 limited to, the following:

11 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
12 violation of, or conspiring to violate any provision of this chapter.

13 "(b) Gross negligence.

14 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
15 omissions. An initial negligent act or omission followed by a separate and distinct departure from
16 the applicable standard of care shall constitute repeated negligent acts.

17 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate
18 for that negligent diagnosis of the patient shall constitute a single negligent act.

19 "(2) When the standard of care requires a change in the diagnosis, act, or omission that
20 constitutes the negligent act described in paragraph (1), including, but not limited to, a
21 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
22 applicable standard of care, each departure constitutes a separate and distinct breach of the
23 standard of care.

24 "(d) Incompetence.

25 "(e) The commission of any act involving dishonesty or corruption which is substantially
26 related to the qualifications, functions, or duties of a physician and surgeon.

27 "(f) Any action or conduct which would have warranted the denial of a certificate.

28 "(g) The practice of medicine from this state into another state or country without meeting

1 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
2 apply to this subdivision. This subdivision shall become operative upon the implementation of
3 the proposed registration program described in Section 2052.5.

4 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
5 participate in an interview by the board. This subdivision shall only apply to a certificate holder
6 who is the subject of an investigation by the board.”

7 6. Section 2266 of the Code states:

8 “The failure of a physician and surgeon to maintain adequate and accurate records relating
9 to the provision of services to their patients constitutes unprofessional conduct.”

10 7. Section 2259.8 of the Code states:

11 “(a) Notwithstanding any other provision of law, an elective cosmetic surgery procedure
12 may not be performed on a patient unless the patient has received, within 30 days prior to the
13 elective cosmetic surgery procedure, and confirmed as up-to-date on the day of the procedure, an
14 appropriate physical examination by, and written clearance for the procedure from, any of the
15 following:

16 “(1) The physician and surgeon who will be performing the surgery.

17 “(2) Another licensed physician and surgeon.

18 “(3) A certified nurse practitioner, in accordance with a certified nurse practitioner's scope
19 of practice, unless limited by protocols or a delegation agreement.

20 “(4) A licensed physician assistant, in accordance with a licensed physician assistant's scope
21 of practice, unless limited by protocols or a delegation agreement.

22 “(b) The physical examination described in subdivision (a) shall include the taking of an
23 appropriate medical history.

24 “(c) An appropriate medical history and physical examination done on the day of the
25 procedure shall be presumed to be in compliance with subdivisions (a) and (b).

26 “(d) ‘Elective cosmetic surgery’ means an elective surgery that is performed to alter or
27 reshape normal structures of the body in order to improve the patient's appearance, including, but
28 not limited to, liposuction and elective facial cosmetic surgery.

1 “(e) Section 2314 shall not apply to this section.”

2 8. Business and Professions Code section 2259.7 states:

3 “The Medical Board of California shall adopt extraction and postoperative care standards in
4 regard to body liposuction procedures performed by a physician and surgeon outside of a general
5 acute care hospital, as defined in Section 1250 of the Health and Safety Code. In adopting those
6 regulations, the Medical Board of California shall take into account the most current clinical and
7 scientific information available. A violation of those extraction and postoperative care standards
8 constitutes unprofessional conduct.”

9 9. California Code of Regulations, title 16, section 1356.6 states:

10 “(a) A liposuction procedure that is performed under general anesthesia or intravenous
11 sedation or that results in the extraction of 5,000 or more cubic centimeters of total aspirate shall
12 be performed in a general acute-care hospital or in a setting specified in Health and Safety Code
13 Section 1248.1.

14 “(b) The following standards apply to any liposuction procedure not required by subsection
15 (a) to be performed in a general acute-care hospital or a setting specified in Health and Safety
16 Code Section 1248.1:

17 “(1) Intravenous Access and Emergency Plan. Intravenous access shall be available for
18 procedures that result in the extraction of less than 2,000 cubic centimeters of total aspirate and
19 shall be required for procedures that result in the extraction of 2,000 or more cubic centimeters of
20 total aspirate. There shall be a written detailed plan for handling medical emergencies and all
21 staff shall be informed of that plan. The physician shall ensure that trained personnel, together
22 with adequate and appropriate equipment, oxygen, and medication, are onsite and available to
23 handle the procedure being performed and any medical emergency that may arise in connection
24 with that procedure. The physician shall either have admitting privileges at a local general acute-
25 care hospital or have a written transfer agreement with such a hospital or with a licensed
26 physician who has admitting privileges at such a hospital.

27 “(2) Anesthesia. Anesthesia shall be provided by a qualified licensed practitioner. The
28 physician who is performing the procedure shall not also administer or maintain the anesthesia or

1 sedation unless a licensed person certified in advanced cardiac life support is present and is
2 monitoring the patient.

3 “(3) Monitoring. The following monitoring shall be available for volumes greater than 150
4 and less than 2,000 cubic centimeters of total aspirate and shall be required for volumes between
5 2,000 and 5,000 cubic centimeters of total aspirate:

6 “(A) Pulse oximeter

7 “(B) Blood pressure (by manual or automatic means)

8 “(C) Fluid loss and replacement monitoring and recording

9 “(D) Electrocardiogram

10 “(4) Records. Records shall be maintained in the manner necessary to meet the standard of
11 practice and shall include sufficient information to determine the quantities of drugs and fluids
12 infused and the volume of fat, fluid and supranatant extracted and the nature and duration of any
13 other surgical procedures performed during the same session as the liposuction procedure.

14 “(5) Discharge and Postoperative-care Standards.

15 “(A) A patient who undergoes any liposuction procedure, regardless of the amount of total
16 aspirate extracted, shall not be discharged from professionally supervised care unless the patient
17 meets the discharge criteria described in either the Aldrete Scale or the White Scale. Until the
18 patient is discharged, at least one staff person who holds a current certification in advanced
19 cardiac life support shall be present in the facility.

20 “(B) The patient shall only be discharged to a responsible adult capable of understanding
21 postoperative instructions.”

22 **FIRST CAUSE FOR DISCIPLINE**

23 **(Gross Negligence)**

24 10. Respondent is subject to disciplinary action under Code sections 2234, subdivision
25 (b), and 2259.7 and California Code of Regulations, title 16, section 1356.6 in that he was grossly
26 negligent in the care and treatment of G.M. and M.J.¹ The circumstances are as follows:

27 _____
28 ¹ The initials of the patients' names are used to protect her right of privacy.

1 Patient G.M.

2 11. On or about August 25, 2010, G.M. consulted with Respondent and requested
3 liposuction of the abdomen, inner thighs, flanks, and hips and breast augmentation.

4 12. Prior to the surgery, Respondent prescribed antibiotics, vitamin K, pain medication,
5 and stool softeners, but copies of the prescriptions or a note that he prescribed the medications are
6 not in G.M.'s medical records.

7 13. On or about August 31, 2010, G.M. signed a consent for VASER liposuction, which
8 identified possible complications of bleeding, scarring, skin contour irregularities, asymmetry,
9 surgical shock, pulmonary complications, skin loss, seroma, allergic reactions and anesthesia-
10 related complications. She signed it after she was medicated with either Valium or Ativan. There
11 is no mention of the administration of Valium or Ativan in G.M.'s medical records.

12 14. On or about August 31, 2010, Respondent performed a VASER liposuction of G.M.'s
13 torso and inner thighs under tumescent anesthesia, filtered the fat, and then injected the fat into
14 her breasts. The surgery began at 9:20 a.m. and ended at 7:00 p.m. A VASER lipo DATA
15 SHEET indicates the entire abdomen, both flanks, and both inner thighs were treated with
16 VASER for 50 minutes total with the aspiration of 2,500cc fat and fluid from the body and the
17 tumescent infiltration of 5,620cc total to all areas including the breast.

18 15. There is no documented actual pulse oximeter (monitors a person's oxygen
19 saturation) and blood pressure readings in the medical record. Respondent did not have
20 intravenous access during the procedure in case there was an emergency. Respondent was not
21 certified in Advanced Cardiac Life Support ("ACLS"). He also did not have an ACLS certified
22 staff person present at the time of surgery.

23 16. Respondent was grossly negligent as follows:

24 A. Respondent performed a greater than 2000cc liposuction without documented actual
25 pulse oximeter and blood pressure readings in the medical record or intravenous access during the
26 procedure;

27 B. Respondent performed a greater than 2000cc liposuction without being ACLS
28 certified and having no ACLS certified staff person present at the time of surgery;

1 C. Respondent performed fat grafting (transfer) to the breasts without documented
2 informed consent for fat grafting or informing the patient of the common complications of failure
3 of the fat grafts forming calcifications or cysts. There is no written informed consent for fat
4 grafting. There is no memorialization of a discussion between Respondent and G.M. of the risks
5 and benefits of the fat grafting; and

6 D. Respondent performed liposuction on a patient right after she signed a consent form
7 that she did not read because she was medicated, i.e., he performed liposuction without informed
8 consent.

9 Patient M.J.

10 17. M.J. was diagnosed with thyroid papillary cancer in 2008, underwent a thyroidectomy
11 (removal of all or part of the thyroid gland) in 2009, completed radioactive iodine treatment in
12 2013, and had residual vocal cord paralysis.

13 18. From on or about August 4, 2009, through on or about November 26, 2014,
14 Respondent placed M.J. on a weight loss program. She received colon cleansers, Bio-Citrin, Lipo
15 BC, Lipo-Plex, and B-12 injections as part of the program. Respondent did not check or
16 document M.J.'s thyroid levels during the entire time that she was on the weight loss program.

17 19. On or about April 17, 2015, Respondent performed VASER liposuction, followed by
18 3700cc total aspirate power-assisted liposuction, of M.J.'s abdomen, waist, subcostal areas and
19 hips. He then performed an abdominoplasty and rectus plication on M.J. under tumescent
20 anesthesia with oxygen saturation, electrocardiac, and blood pressure monitoring. The surgery
21 began at approximately 7:30 a.m. and ended at approximately 4:00 p.m. M.J. had a total of
22 5104cc tumescent infiltration. Respondent placed an intravenous fluid line on M.J. However, he
23 did not document the amount of intravenous fluid given to her during the surgery.

24 20. Respondent was grossly negligent as follows:

25 A. From on or about August 4, 2009, through on or about November 26, 2014,
26 Respondent placed M.J., a hypothyroid patient, on a weight loss program without checking and
27 documenting her thyroid levels during that entire time;

28 B. On or about April 17, 2015, Respondent operated on M.J., a hypothyroid patient,

1 without obtaining prior medical clearance or thyroid function tests or a complete blood count; and

2 C. On or about April 17, 2015, Respondent performed a 3700cc liposuction without
3 documented intravenous intake.

4 21. Respondent's acts and/or omissions as set forth in paragraphs 10 through 20,
5 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute
6 grossly negligent acts pursuant to Code sections 2234, subdivision (b), and 2259.7 and California
7 Code of Regulations, title 16, section 1356.6. Therefore, cause for discipline exists.

8 **SECOND CAUSE FOR DISCIPLINE**

9 **(Repeated Negligent Acts)**

10 22. Respondent is subject to disciplinary action under Code sections 2234, subdivision
11 (c), and 2259.7 and California Code of Regulations, title 16, section 1356.6 in that he engaged in
12 repeated negligent acts in the care and treatment of G.M. and M.J. The circumstances are as
13 follows:

14 23. The facts and circumstances are as set forth in paragraphs 10 through 21 above, and
15 are incorporated by reference.

16 **Patient G.M.**

17 24. Respondent engaged in repeated negligent acts as follows:

18 A. Respondent failed to document medications prescribed in the perioperative period
19 (the period describing the duration of a patient's surgical procedure), especially the preoperative
20 anxiolytics (medications that inhibit anxiety);

21 B. Respondent failed to document vital signs in the form of an anesthesia record for a
22 10-hour procedure;

23 C. Respondent performed a greater than 2000cc liposuction without documented actual
24 pulse oximeter and blood pressure readings in the medical record or intravenous access during the
25 procedure;

26 D. Respondent performed a greater than 2000cc liposuction without being ACLS
27 certified and having no ACLS certified staff person present at the time of surgery;

28 E. Respondent performed fat grafting (transfer) to the breasts without documented

1 informed consent for fat grafting or informing the patient of the common complications of failure
2 of the fat grafts forming calcifications or cysts. There is no written informed consent for fat
3 grafting. There is no memorialization of a discussion between Respondent and G.M. of the risks
4 and benefits of the fat grafting; and

5 F. Respondent performed liposuction on a patient right after she signed a consent form
6 that she did not read because she was medicated, i.e., he performed liposuction without informed
7 consent.

8 Patient M.J.

9 25. Respondent engaged in repeated negligent acts as follows:

10 A. From on or about August 4, 2009, through on or about November 26, 2014,
11 Respondent placed M.J., a hypothyroid patient on a weight loss program without checking and
12 documenting her thyroid levels during that entire time;

13 B. On or about April 17, 2015, Respondent operated on M.J., a hypothyroid patient,
14 without obtaining prior medical clearance or thyroid function tests or a complete blood count; and

15 C. On or about April 17, 2015, Respondent performed a 3700cc liposuction without
16 documented intravenous intake.

17 26. Respondent's acts and/or omissions as set forth in paragraphs 22 through 25,
18 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute
19 repeated negligent acts pursuant to Code sections 2234, subdivision (c), and 2259.7 and
20 California Code of Regulations, title 16, section 1356.6. Therefore, cause for discipline exists.

21 **THIRD CAUSE FOR DISCIPLINE**

22 **(Failure to Perform Physical Examination of Patient or Obtain**

23 **Written Clearance for Procedure Prior to Performing Elective Cosmetic Surgery)**

24 27. Respondent is subject to disciplinary action under Code section 2259.8 in that he
25 operated on M.J., a hypothyroid patient, without prior medical clearance or thyroid function tests
26 or complete blood count. The circumstances are as follows:

27 28. The facts and circumstances are as set forth in paragraphs 17 through 21 above, and
28 are incorporated by reference.

1 29. Respondent's acts and/or omissions as set forth in paragraph 27 through 28, inclusive
2 above, whether proven individually, jointly, or in any combination thereof, constitute a failure to
3 perform a complete physical examination of M.J. or obtain written clearance for the procedure
4 prior to performing elective cosmetic surgery on M.J., as required by Code section 2259.8.
5 Therefore, cause for discipline exists.

6 **FOURTH CAUSE FOR DISCIPLINE**

7 **(Inadequate and Inaccurate Record Keeping)**

8 30. Respondent is subject to disciplinary action under Code sections 2266 and 2259.7 and
9 California Code of Regulations, title 16, section 1356.6 for inadequate and inaccurate record
10 keeping with respect to the care and treatment that he provided to G.M. and M.J. The
11 circumstances are as follows:

12 31. The facts and circumstances are as set forth in paragraphs 10 through 26 above, and
13 are incorporated here by reference.

14 32. Respondent's acts and/or omissions as set forth in paragraph 30 through 31, inclusive
15 above, whether proven individually, jointly, or in any combination thereof, constitute inadequate
16 and inaccurate record keeping pursuant to Code sections 2266 and 2259.7 and California Code of
17 Regulations, title 16, section 1356.6. Therefore, cause for discipline exists.

18 **FIFTH CAUSE FOR DISCIPLINE**

19 **(Unprofessional Conduct)**

20 33. Respondent is subject to disciplinary action under Code sections 2234 and 2259.7 and
21 California Code of Regulations, title 16, section 1356.6 for unprofessional conduct with respect to
22 the care and treatment that he provided to G.M. and M.J. The circumstances are as follows:

23 34. The facts and circumstances are as set forth in paragraphs 10 through 32 above, and
24 are incorporated by reference.

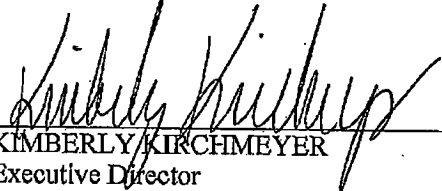
25 35. Respondent's acts and/or omissions as set forth in paragraphs 33 through 34,
26 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute
27 unprofessional conduct pursuant to Code sections 2234 and 2259.7 and California Code of
28 Regulations, title 16, section 1356.6. Therefore, cause for discipline exists.

1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
3 and that following the hearing, the Medical Board of California issue a decision:

- 4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 43969,
5 issued to Respondent Antoine A. Hanna, M.D.;
- 6 2. Revoking, suspending, or denying approval of Respondent Antoine A. Hanna, M.D.'s
7 authority to supervise physician assistants and advanced practice nurses;
- 8 3. Ordering Respondent Antoine A. Hanna, M.D., if placed on probation, to pay the
9 Board the costs of probation monitoring; and
- 10 4. Taking such other and further action as deemed necessary and proper.
- 11
12
13

14 DATED: December 7, 2017


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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